

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: JOANIES HOME FOR HAPPY SENIORS III (0009145)

Address: 497 S LAKE ST, MONTELLO, WI 53949

License Status: REGULAR

Licensed/Certified/Registered 12/01/2001

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0092857 **End Date:** 06/30/2004 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092216 **End Date:** 03/23/2004 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006948 Served 03/27/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	06/30/2004	Yes
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	06/30/2004	Yes
83.11(3)(a)	RESPONSIBILITIES	06/30/2004	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	06/30/2004	Yes
83.14(7)(b)	CONTINUING EDUCATION	06/30/2004	Yes
83.21(4)(r)	TREATMENT CHOICE	06/30/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	06/30/2004	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	06/30/2004	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	06/30/2004	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0091710 **End Date:** 11/18/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007907 Served 12/20/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	06/30/2004	Yes
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	06/30/2004	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	03/23/2004	Yes
83.05(2)(e)	CLASS C SEMIAMBULATORY (CS)	03/23/2004	Yes
83.11(3)(a)	RESPONSIBILITIES	06/30/2004	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	03/23/2004	Yes
83.14(1)(b)	NEED ASSESSMENT AND ISP	03/23/2004	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	03/23/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/23/2004	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	03/23/2004	Yes
83.14(3)	INITIAL TRAINING MEDICATIONS	03/23/2004	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	03/23/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	06/30/2004	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	06/30/2004	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	03/23/2004	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	06/30/2004	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	03/23/2004	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	03/23/2004	Yes

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CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 03/26/2004 SOD #10006948 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---13.05(3)(a)
FORFEITURE---50.065(2)(bb)
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(7)(a)9
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.33(4)(h)
FORFEITURE---final total 83.11(3)(a)

Date: 12/19/2003 SOD #10007907 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---1st paym't after initial ck #7739
FORFEITURE---50.065(4m)(c)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(b)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(2)
FORFEITURE---83.14(2)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.33(3)2.a

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